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## BIB DATA SHEET

CONFIRMATION NO. 3232

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                       | ATTORNEY DOCKET<br>NO.  |                                 |                                    |
|---|---|--|--------------------------------------|---|---------------------------------|------------------------------------|
| 10/537,439  | 06/16/2005  | 514  | 1626                                 | 026220-00066  |                                 |                                    |
| <b>RULE</b>   |   |  |                                      |   |                                 |                                    |
| <b>APPLICANTS</b><br>Ennio Ongini, Segrate, ITALY;<br>Nicoletta Almirante, Milano, ITALY;<br>Piero Del Soldato, Monza, ITALY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/50932 12/03/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>ITALY MI2002A002658 12/17/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b><br>08/24/2006 |   |  |                                      |   |                                 |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /SHAWQUIA YOUNG/<br>Acknowledged Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>ITALY | <b>SHEETS<br/>DRAWINGS</b><br>0   | <b>TOTAL<br/>CLAIMS</b><br>12 8 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>ARENT FOX LLP<br>1050 CONNECTICUT AVENUE, N.W.<br>SUITE 400<br>WASHINGTON, DC 20036<br>UNITED STATES  |   |  |                                      |   |                                 |                                    |
| <b>TITLE</b><br>Drugs for chronic pain  |   |  |                                      |   |                                 |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>450   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                 |                                    |